

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 313

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 313

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day years, months or days)

3. (a) PRINT FULL NAME FLOSSIE MAY CRANE

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife No. 6. (c) Age of husband or wife if alive 10 years
7. Birth date of deceased 10 (Month) 14 (Day) 1930 (Year)

8. AGE: Years 12 Months 1 Days 22 If less than one day hr. 0 min. 0

9. Birthplace PALMYRA MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation CHILD

11. Industry or business No.

12. Name WALTER CRANE
13. Birthplace PALMYRA Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name LETHA CRANE
15. Birthplace PALMYRA Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Letha Crane
(b) Address Hannibal Mo. R.F.D.

17. (a) BURIAL (b) Date thereof 12-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmyra Mo.

18. (a) Signature of funeral director A. B. Sprague

(b) Address Palmyra Mo.

19. (a) 12/13/42 (b) R. B. Connor
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town R.F.D. - Rural HANNIBAL
(If outside city or town limits, write "RURAL")
(d) Street No. No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11 1942
year 1 hour 1 minute 15 a. m.

21. I hereby certify that I attended the deceased from Dec. 10 1942 to Dec. 10 1942
that I last saw him alive on Dec. 10 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Nephrotic acute Duration unknown

Due to No.

Due to No.

Other conditions Diabetes
(Include pregnancy within 3 months of death)

Major findings: Of operations No.

Of autopsy No.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No.
(b) Date of occurrence No.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury No.

23. Signature A. B. Blue (M. D. or other)
Address Hannibal Mo. Date signed 12-11-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

A. M. Sprague

Licensed Embalmer No.....

999

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.